
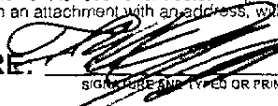


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000110266</b>		
1. Entity Name <b>STRAWSON FRAMING, INC.</b>		
Principal Place of Business <b>5480 HAPPY HOLLOW ROAD PUNTA GORDA, FL 33982</b>	Mailing Address <b>5480 HAPPY HOLLOW ROAD PUNTA GORDA, FL 33982</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>STRAWSON, THOMAS W JR 5480 HAPPY HOLLOW ROAD PUNTA GORDA, FL 33982</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>signature typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing - <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP STRAWSON, THOMAS W JR 1000 ELM ST PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V STRAWSON, LISA 5480 HAPPY HOLLOW ROAD PUNTA GORDA, FL 33982	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S O'NEILL, THOMAS 114 ARLINGTON CT PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  <b>Thomas W. Strawson Jr</b>		Date: <b>4/23/06</b> Daytime Phone #: <b>9416263942</b>



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0253002</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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05/03/06 80023-005 150.00

**DO NOT WRITE  
IN THIS SPACE**